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Bib Data Sheet

CONFIRMATION NO. 5294

SERIAL NUMBER 09/189,250	FILING DATE 11/10/1998 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. INTL-0154-US	
APPLICANTS KELAN C. SILVESTER, PORTLAND, OR; <i>None Add</i> ** CONTINUING DATA ***** <i>None Add</i> ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/25/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Ala. Hassan</i> Examiner's Signature <i>AA</i> Initials		STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
ADDRESS TIMOTHY N TROP TROP PRUNER HU & MILES 8554 KATY FREEWAY STE 100 HOUSTON, TX 77024					
TITLE MESSAGE HANDLING SYSTEM					
FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 250 09/189,050-		FILING DATE 11/09/98	CLASS 137 379	GROUP ART UNIT 3759 2645	ATTORNEY DOCKET NO. P1801 I:/L-0154-US(P6599)	
APPLICANT	Kalam & Associates, P.C., OR JAMES-M.-JOHNSTON, HOUSTON, TX.					
	CONTINUING DOMESTIC DATA*** VERIFIED <u>name AM</u>					
	371 (NAT'L STAGE) DATA*** VERIFIED <u>name AM</u>					
	FOREIGN APPLICATIONS*** VERIFIED <u>name AM</u>					
FOREIGN FILING LICENSE GRANTED 11/25/98						
***** SMALL ENTITY *****						
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			STATE OR COUNTRY TX OR	SHEETS DRAWING 6-4	TOTAL CLAIMS 33-25	INDEPENDENT CLAIMS 4-8
Verified and Acknowledged <u>AM</u> Examiner's Initials Initials						
ADDRESS	ROBERT-C SHADDOX MATTHEWS JOSEPH-SHADDOX-&-MASON PO-BOX 572957 HOUSTON TX 77257-2957					
	Timothy N. Trop Trop, Pinner, Hu & Miles, P.C. 8554 Katy Freeway, Suite 100 Houston, TX 77024					
TITLE	PRECISION BLENDING SYSTEMS INC					
FILING FEE RECEIVED \$579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		